

02/01
JC976 U.S. PTO

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PTO/SB/50 (08-00)

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REISSUE PATENT APPLICATION TRANSMITTAL

09/776394
02/02/01

Address to: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231	Attorney Docket No.	46739/252388
	First Named Inventor	Bryan
	Original Patent Number	5,865,846
	Original Patent Issue Date (Month/Day/Year)	February 2, 1999
	Express Mail Label No.	EL602996324US

APPLICATION FOR REISSUE OF: Utility Patent Design Patent Plant Patent
(check applicable box)

APPLICATION ELEMENTS (37 CFR 1.173)		ACCOMPANYING APPLICATION PARTS
1. <input checked="" type="checkbox"/> * Fee Transmittal Form (e.g., PTO/SB/56) <i>(Submit an original, and a duplicate for fee processing)</i>		7. <input checked="" type="checkbox"/> Statement of status/support for all changes to the claims. See 37 CFR 1.173(c).
2. <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		8. <input type="checkbox"/> Original U.S. Patent for surrender <input type="checkbox"/> Ribboned Original Patent Grant <input type="checkbox"/> Statement of Loss (PTO/SB/55)
3. <input checked="" type="checkbox"/> Specification and Claims in a double column copy of patent format (amended, if appropriate)		9. <input type="checkbox"/> Foreign Priority Claim (35 U.S.C. 119) <i>(if applicable)</i>
4. <input checked="" type="checkbox"/> Drawing(s) (proposed amendments, if appropriate)		10. <input type="checkbox"/> Information Disclosure <input type="checkbox"/> Copies of IDS Statement (IDS)/PTO-1449 Citations
5. <input checked="" type="checkbox"/> Reissue Oath / Declaration (original or copy) <i>(37 C.F.R. § 1.175)(PTO/SB/51 or 52)</i>		11. <input type="checkbox"/> English Translation of Reissue Oath/Declaration <i>(if applicable)</i>
6. Original U.S. Patent currently assigned? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(If Yes, check applicable box(es))</i>		12. <input checked="" type="checkbox"/> Preliminary Amendment
<input checked="" type="checkbox"/> Written Consent of all Assignees (PTO/SB/53)		13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i>
<input checked="" type="checkbox"/> 37 C.F.R. § 3.73(b) Statement <input type="checkbox"/> Power of Attorney		14. <input checked="" type="checkbox"/> Other: <u>Certificate of Mailing Under 37 C.F.R. §1.10; Assignment</u>

14. CORRESPONDENCE ADDRESS					
<input checked="" type="checkbox"/> Customer Number or Bar Code Label <input type="checkbox"/> (Insert Customer No. or Attach bar code label here)			 or <input type="checkbox"/> Correspondence address below 23370		
Name	John S. Pratt Kilpatrick Stockton LLP				
Address	PATENT - TRADEMARK OFFICE 1100 Peachtree Street Suite 2800				
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NAME (Print/Type)	Bruce D. Gray		Registration No. (Attorney/Agent)	35,799	
Signature			Date	02/02/01	

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

REISSUE APPLICATION FEE TRANSMITTAL FORM

Deposit Number (Optional)
461234523238

Claims as Filed - Part 1

Claims in Patent	For	Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity	
				Rate	Fee	Rate	Fee
(A) 9	Total Claims (37 CFR 1.16(j))	(B) 16	**** 0	X\$ 9=	0	or	X\$ _____ =
(C) 4	Independent Claims (37 CFR 1.16(i))	(D) 4	* 1	X\$ 40=	40		X\$ _____ =
Basic Fee (37 CFR 1.16(h))				355		\$ _____	
Total Filing Fee				395		OR \$	

Claims as Amended - Part 2

	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	***	MINUS	**	*	X\$ _____ =		or	X\$ _____ =
Independent Claims (37 CFR 1.16(i))	***	MINUS	*****	=	X\$ _____ =			X\$ _____ =
Total Additional Fee					\$		OR	\$

* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

*** After any cancelation of claims

**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).

***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

Applicant claims small entity status. See 27 CFR 1.27.

Please charge Deposit Account No. 11-0855 in the amount of \$395.
A duplicate copy of this sheet is enclosed.

The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 11-0855.
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02/02/01

Date

Signature of Applicant, Attorney or Agent of Record

Bruce D. Gray

Typed or printed name

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANTS: Bryan et al. PATENT NO. 5,865,846

SERIAL NO.: GROUP ART UNIT:

FILED: February 2, 2001 EXAMINER:

FOR: HUMAN SPINAL DISC PROSTHESIS

ATTORNEY DOCKET NO.: 46739/252388

Assistant Commissioner for Patents
Washington, D.C. 20231

DATE: February 2, 2001

ASSENT OF ASSIGNEE AND OFFER TO SURRENDER ORIGINAL PATENT

Sir:

Spinal Dynamics Corporation, the owner of the entire right, title, and interest in U.S. Patent No. 5,865,846 by virtue of an assignment recorded in the U.S. Patent and Trademark Office at reel no. _____, frame _____, or attached hereto as a copy.

Spinal Dynamics Corporation hereby offers to surrender original U.S. Letters Patent No. 5,865,846 conditioned upon the reissue of said Letters Patent.

The undersigned is authorized to act on behalf of Spinal Dynamics Corporation.

SPINAL DYNAMICS CORPORATION

By: Name: Earl DouglasTitle: Chief Patent Counsel

February 2, 2001

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Bryan, et al. Patent No. 5,865,846

Serial No.: Examiner:

Filed: February 2, 2001 Group Art Unit:

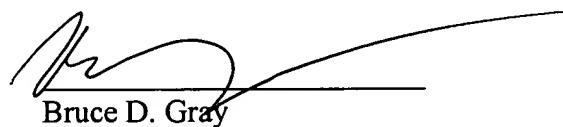
For: **HUMAN SPINAL DISC PROSTHESIS**

Box Patent Application
Assistant Commissioner for Patents
Washington, D.C. 20231

CERTIFICATE OF MAILING (37 C.F.R. 1.10)

Sir:

I hereby certify that this Reissue Patent Application Transmittal, along with any paper referred to as being attached or enclosed, is being deposited with the United States Postal Service on the date shown below in an envelope as "Express Mail Post Office to Addressee" service under 37 C.F.R. 1.10, Mailing Label No. EL602996324US addressed to Box Patent Application, Assistant Director for Patents, Washington, D.C. 20231.



Bruce D. Gray

Date: February 2, 2001

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